



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.338/2020 SDE.NO.279,337,338 IPC, R/W 184 MVACT.
Date, Time & Place of accident:	DATE - 12/12/2020 TIME -13/30, AMBADI TA-DIST - BHANDARA
Name of the Injured/Deceased:	Name Of Injured - NITESH DHANRAJ NANDANWAR AGE 24 YEAR AT - GONDAI, (DEORI) , HAMU- BHOJAPUR POST - BELA , TA- DIST - BHANDARA
Name of Hospital to which he/she was removed:	CENTER POINT HOSPITAL NAGPUR
Number of vehicles and type of the vehicle:	CAR NO MH 36 Z - 0048
Name and address of the driver of the vehicle with particulars or Driving license of the said Driver and the Issuing Authority of the said Driving License:	MOIN ESHAK KAJI AGE 32 YEAR AT - KAJI MOHLLA TILAKWARD BHANDARA
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	CAR NO MH 36 Z - 0048
Name and address of the Owner of the vehicle as it stands on the date of the accident:	GAURI KANCHANKOTWAL AT- 595, KRUSHI COLONY GENSHPUR BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	THE NEW INDAI INSURANCE CO. LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSHURANCE POLICY NUMBER - 31030031190100101919, 16030431200100000191 VALIDITY DATE - 24/06/2020 TO 23/06/2021
Action taken,if any,and the result thereof:	POLICE INVEATIGATION

Inspector of Police

* System generated document no signature required